AZ Medicaid Technical Consortium Meeting

May 16, 2006
11:30 AM to 12:30 PM
AHCCCS 701 E. Jefferson St. – 3rd Floor - Gold Room

Meeting Hosted By: Denny Bierl, AHCCCS

Attendees:

(Based on sign-in sheets)

ADHS	AHCCCS, cont.	MCP & Schaller
Ben Cariel	*Nancy Upchurch*	*Todd Cassel*
Jerri Gray	*Kyra Westlake*	*Maurice Hill*
Hugh Doctorman	**Care 1st**	*Cathy Jackson-Smith*
Susan Ross	*April Cotton Rapp*	*Anne Romer*
Harvey Wood (teleconference)	*Gwen Morant*	**Phoenix Health Plan**
AHCCCS	*Marlene Peek (Teleconference)*	*Jim Ten Eyck*
Denny Bierl	**DES**	**Pima Health System**
Deborah Burrell	*Stacey Himmes*	*Marcia LeBlanc (teleconference)*
Barbara Butler	*Raman Ramachandran*	*Mark Hart (teleconference)*
Christi Coppedge	**Cochise Health Systems**	**Pinal LTC**
Patti Goodwin	*Marcia Goerdt (teleconference)*	*Jennifer Schwarz*
Debra Liles	*Susan Speicher (teleconference)*	**United Drugs**
Kimberley Minervini	*Evelyn Valdez (teleconference)*	*Alfonso Munguia*
Mary Kay McDaniel	**Evercare Select**	**UPH**
Jacqueline McElroy	*Michelle Drew*	*Eric Nichols (teleconference)*
John Murray	*Kim Sitzler*	**Yavapai County**
Lori Petre	**Healthchoice**	*Becky Ducharme (teleconference)*
Brent Ratterree	*Jessica Lennick*	
Kermit Rose		

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Welcome (Denny Bierl)
Thank you for joining us today. There are a number of things we need to cover today. We will be answering questions received through the email, and will leave a period of time at the end for an open forum if you should have any additional questions. Mary Kay just returned from a conference and has information concerning the Standards Setting bodies and other workgroups that she'd like to share concerning the discussions relating to the near and more long-term future of healthcare.

NPI Overview (Mary Kay McDaniel)
Medicare just released their Form 855, Medicare Enrollment Form, and has already begun returning the enrollment forms because they didn't have the NPI. As a result, 125,000 providers enrolled last week along. We are up to about 513,000 enrolled nationally as of this date, with between 4000 and 5000 in Arizona. Please review this, especially if you will be submitting crossover claims.

The Claims attachment was worked on at the conference last week. There were over 2,800 comments with no one saying they didn't want to do attachments. Most questions were whether they could be used with other transactions. As trading partners, of course, you can use anything you want. We strongly encourage Health Plans to look at the attachments that are being worked on.

There is a push to complete the 278 (Prior Authorizations Attachment) form. Durable Medical Equipment (DME) attachments is almost done. The comments we're expecting to receive, consolidate and return to CMS by the end of June after the X12 meeting in Chicago. With these attachments comes a new code set called LOINC. We encourage your Nursing Groups and Physicians familiar with this. You can look it up at **http://www.regenstrief.org/loinc**.

The other hot topic is House Bill/Senate Bill 41.57 is gaining industry wide support. This bill supports ICD-10. The only dissenting opinion concerns the date of release. NCPDP Group and X12 Group are working to get to the 5010 but are aware that it may not meet the 2010 deadline. However, there is a strong lobby to use not ICD-10, but a free clinical code set called SnoMed, which you can review at **http://www.snomed.org/**. It relates to electronic health records.

There are a couple states that have complete life cycles of requested lab tests. They receive a lab order, approve the request, and watch for the results to be returned.

The NPI is a hot topic, especially concerning atypical providers. There will be a white paper on atypical providers. It was a surprise to some that a local education authority is a healthcare provider and must get a NPI. CMS and the enumerator will be the first to tell you they are not policing providers. If they get a request from a provider, they will give them a provider, but they do not verify whether this entity is in fact a healthcare provider. Also, a provider with a taxonomy code is not necessarily a healthcare provider.

We will send out the Claims attachment package and the rule to you.

AHCCCS Project Update (Denny Bierl)
We are moving along in the project. The Provider promote is scheduled for 5/25/06, which means the reference files will look a little different, with data elements in what used to be filler fields. John Murray will discuss that.

The rest of the subsystems are going to test internally in May and June. We're still looking for test partners among the Health Plans. We hope to be ready to move to production as soon as September. We will crosswalk NPIs into our legacy Provider registration numbers. Internally, the Provider registration numbers will continue to drive our processing, reporting and claims payments, etc. Communications and transactions back to the providers and Health Plans will reflect the NPI. If you send us an encounter with an NPI, we will convert that internally to the AHCCCS Provider Registration number, complete our processing, and crosswalk the AHCCCS Provider Registration number back to the NPI to return the file to you.

Once again, the timeline for compliance is May 23, 2007. At that point, transactions conducted after May 23, 2007 must be conducted with a National Provider Identifier number (NPI) if the provider is eligible for one. AHCCCS has published the list of which types of providers must have an NPI in our system. Atypical providers such as assisted living homes, attendant care, taxi drivers, etc, will continue to conduct business using only a six digit AHCCCS provider registration number.

On January 1, 2007 we plan to be ready to accept either the NPI numbers or the AHCCCS provider registration number. We want to give as much flexibility as possible. We understand that the Health Plans will want to give as much time to your providers as possible to notify AHCCCS of their NPI numbers. There is a significant difference to that period of time. If you submit an NPI on an encounter as well as an AHCCCS provider registration number, we will note only the NPI. That means that if the provider has notified us of their NPI number, this encounter will not pass. You will receive a pend notice back because the provider is not on file.

October 1, 2006 is when some transactions change. We will be ready to go live. Mary Kay will discuss the Companion Documents.

We are on track, and we anticipate being ready to test with you when you are ready.

HP – How will AHCCCS notify us which providers require an NPI?
Denny Bierl – we published a document a few months ago that list which provider type requires an NPI. This is how the system is configured. Anything that is in a type that does not require an NPI the system will check for the six digit AHCCCS provider registration number. However, we understand that even some of the atypical providers may request an NPI from the enumerator, and as Mary Kay pointed out, they are not rejecting these requests. There is nothing in our system that prevents an atypical type from submitting with an NPI. So, after May 23, 2007, we will reject transactions if the provider type says they must have one, but if the provider type is not flagged that way, we will accept either a NPI or the AHCCCS provider registration number. There are a few exceptions, which John Murray will discuss the field that determines whether a NPI is required. We will forward the list again.

HP – How will you edit the service address that we'll report in an encounter? Will you pend the encounter if it doesn't match a service address in your system or if it doesn't meet postal regulations?
Denny Bierl – at this point, we are not editing against the service address. At some point, there will be a business need to use the service address, though, so if we all start standardizing the postal service abbreviations, that will make that transition go much more smoothly.

HP – Are the timelines Date of Service, or submission dates?
Denny Bierl – everything related to NPI goes by transaction date, not Date of Service.

Provider System Promote Update (John Murray)
We are comfortable with going live on May 25, 2006. The Encounter Reporting manual that has been published shows all the file layouts. For those of you not familiar with the AHCCCS website, you can select Manuals and Guides, Encounters, then User manual. Select Chapter Five, exhibit 5b, the Multi provider file record layout. That does include the changes we've made. To reiterate those changes, we have an indicator on P1 that says "NPI Indicator." If this is selected, it means we require an NPI for that provider. If it is required, encounters and claims will be rejected if you submit anything other than the NPI.

In order to load the field, we've built a new table to crosswalk Provider Type to NPI. Because there will be exceptions, after the initial load, the Provider Unit will be able to update that indicator field to specify any providers that don't fall into the typical rule. The example we usually give is the Milk Bank.

The other new record is R4, the alt-ID table, our crosswalk. You will see NPI identified as 'NP.' We will update the providers and you will receive the crosswalk twice a week so you will be updated.

Regarding the alt-ID table, the end-date will be open-ended. Should the provider be terminated, we would then end-date the NPI. If the provider reactivates under a separate provider ID, we would run a duplicate check to make sure we don't assign an open ended NPI to the new provider. We would have to end date the first NPI, and then assign it to the second provider with a begin date after the termination date.

The weekly email regarding the provider extracts included the alt ID table with the P1 record and now the NP record. As of yesterday, there is a test file available on ShareInfo. You'll be able to see the NPI indicator and the alt ID table with the 500 or so providers.

HP – Will AHCCCS be using a check algorithm to validate the NPI or to catch transposed digits?
John Murray – When the providers register their NPI, they are required to send a copy of the confirmation slip from the enumerator. We also will have the check digit checked on the Alt ID table.

HP – When a new provider registers after May 23, 2007, will they be given an AHCCCS ID as well as their NPI?
John Murray – Yes, we will send out the AHCCCS ID as well as their NPI. But again, they must submit with the NPI.

HP – Will the NPI term date go with the P1 term date?
John Murray – No, the only time we end date the provider is when we internally end date a terminated provider to ensure we don't overlap the beginning date of a new provider.
HP – Secondarily, if we receive a FFS claim with no NPI, but the provider has an NPI indicator, do we then deny the claim?
Mary Kay McDaniel – If your business decision mandates that, yes. You will not be reimbursed by AHCCCS for a claim submitted without an NPI for a provider that requires one.
HP – What of a provider that is not required to have an NPI but sends one?
John Murray – Submit it. It will process with the NPI.

HP – How will AHCCCS resolve the many AHCCCS provider IDs to the one NPI?
John Murray – We are still in the process of resolving this. We will be focusing on this in the next couple weeks. Most notably, the IHS providers can have multiple IDs, which we now must combine into a single AHCCCS provider ID. It changes how we identify an IHS provider. We have made another table to help support that. We will be giving you feedback on this.
Denny Bierl – It is a strategic issue. If we crosswalk, we have to have a 1 to 1 relationship. Over the next seven months or so, as we receive providers who have multiple IDs, we will end date one of them and roll the services of the terminated provider onto the remaining provider. The only place it may affect you is on ShareInfo where it is identified whether the Provider number is attached to an IHS person. Eventually, this value will no longer be necessary, as the multiple IDs all be rolled into one number. Hopefully, it will help resolve some of the instances in which your claims are returned because you submitted the wrong number for an IHS provider.

HP – What happens when a provider that has two IDs that have since rolled into one ID submits a void/replace claim using the end dated ID?
Denny Bierl – When we end date a provider currently, we have the ability to link it to another provider record. There are still complexities regarding how the TIN's relate to each other and that the correct licensure and so forth move from one record to the other. We are testing this aggressively.

Provider NPI registration (Valerie Noor)
Currently we have 584 providers who have submitted their NPIs to us. As there are between 4- and 5000 providers currently with an NPI in AZ, we have a long ways to go. We have revised our provider registration forms to allow providers to give us their NPI. Our staff is also encouraging providers who call in to request their NPIs at this time. We have set up an electronic mailbox for providers to forward a copy of the registration from the enumerator to us. We then post it to their account. About 50% of the providers now use this function, while the other 50% use the fax to submit their authorizations. Providers need to give us their NPI number, their AHCCCS ID number and their signature. We have to have an

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authorized signature to justify posting this number to their account. We post in the Claims Clues the NPI notification, as well as posting it on a website.

Denny Bierl – The NPI must be notified to both Health Plans and AHCCCS. Hospitals must know the NPI of the referring doctor, the servicing provider and the ordering physician. All of this will take a great deal of communication between provider and plan, provider and Medicaid agency and provider to provider. We really encourage you to help us communicate the need to get started as soon as possible. Use every communications channel you have.

Health Plan Project Plans and process (Lori Petre)
I have received most everyone's milestone plan. If I didn't receive yours, I will follow up with you later today. If I need more information from you, perhaps concerning your approach, I will follow up with you. We are extracting your questions and concerns that you've indicated on the milestone plans and we will share these with Denny. Also in Kate's memo we talked about how AHCCCS will review your work plan and monitor your progress on a periodic basis. We are hoping to keep it fairly informal. We will email you the contact I have. If this changes, please let me know. Every couple weeks, please let me know how this is proceeding; we do want to keep this as informal as possible.

Testing with the Plans (Denny Bierl)
We will be reviewing the work plans and then we will approach those who are most inclined to begin testing with us.

Open Forum (Mary Kay McDaniel)
At the WEDI SNIP hearing, one of the hot topics was that a NPI is not associated with a tax ID. If an agency sells, it is up to the buyer to decide whether to retain that NPI or replace it.

Reminder: AHCCCS will have a RFP for a validator by end of this week. When the validator comes online code set errors will be rejected up front. Files will not be processed.

The two top issues for the NPI are hospitals understanding how to legally enumerate for all their sub parts. A communication plan for all providers is critical. An example for a provider's office is one payer can go to an NPI, but the second and third cannot. Providers are indicating this is difficult for them.

A question was asked whether a service location address be a pass through from the claim data or must it match the plan's system address? In the implementation guides it states that a service address is not required. The only exception is if it differs from the known address.

How will the UB address be handled? The current structure for this is not changing. The paper claim with the remit address is processed; you send us the required service address just as you always have. On the new UB04, which will be in place on January 1, 2007, the process will be more like the 837 transaction to hopefully make it more a standard.

The ADA is having a conference this coming Saturday on the new Dental Form coming out. It is changing to allow the NPI. We do know it will be red to facilitate scanning, but not much else is known, yet. We are hoping to agree to the form by this Sunday and it will be sent to the printer by the end of June.

HP – Because so many Health Plans receive Dental Claim forms from many different years, there are times where service locations can be used, will this be a pass through?
Mary Kay McDaniel – On an electronically submitted claim, you should not be receiving a service facility address. If it is the same address, you will not be submitting one at all. Even if it's the patient's home, you won't get the facility address. You may want to compare the claim forms to make sure you have the information to pass through.
HP – So how we submit the UB92 service location address, too, does not change from how we submit it now?

Mary Kay McDaniel – that is correct. It is a business decision as to what you do to validate them and send them in.

The Companion Documents are done. We've added a section concerning the NPI. We are using the dual use strategy. There is no difference between our structure and the implementation guide. You will find the NPI in the NM109, with the tax ID in the ref segment following. For atypical providers we are making no changes, the tax ID comes in the NM109 with the reference identifiers. We will be publishing them on the website and notifying you of their availability.

HP – which way is AHCCCS leaning? Will AHCCCS use the ICD10 or the SNOMED?
Mary Kay McDaniel – this is not decided as yet. If we go to electronic health records, we will have to accept the SNOMED transactions as well as HL07. The change from ICD-9 to ICD-10 is generational. The question for the industry is whether we re-educate the workforce to ICD-10 or map the claims from SNOMED, which is much more user friendly for the clinician. CDC and Homeland Security are concerned with the ICD-10 for pandemics, whereas they may be able to through SNOMED. October 1, 2009 will see the requirements for the ICD-10. Prior to that, we will need to move to the 5010. The HIPAA suite of transactions are yet to be approved.

HP – Will there be a transaction and code set rule?
Mary Kay McDaniel – The transaction and code set rule should be out soon. There are some clarifications needed as to which transactions really need to be used.

NEXT MEETING (Denny Bierl)
The next meeting is scheduled for June 13, 2006, from 11:00 a.m. to 12:00 p.m.